ChecklistGuro

Near Miss Reporting Checklist

Incident Details

Basic information about the near miss event.

Date of Near Miss

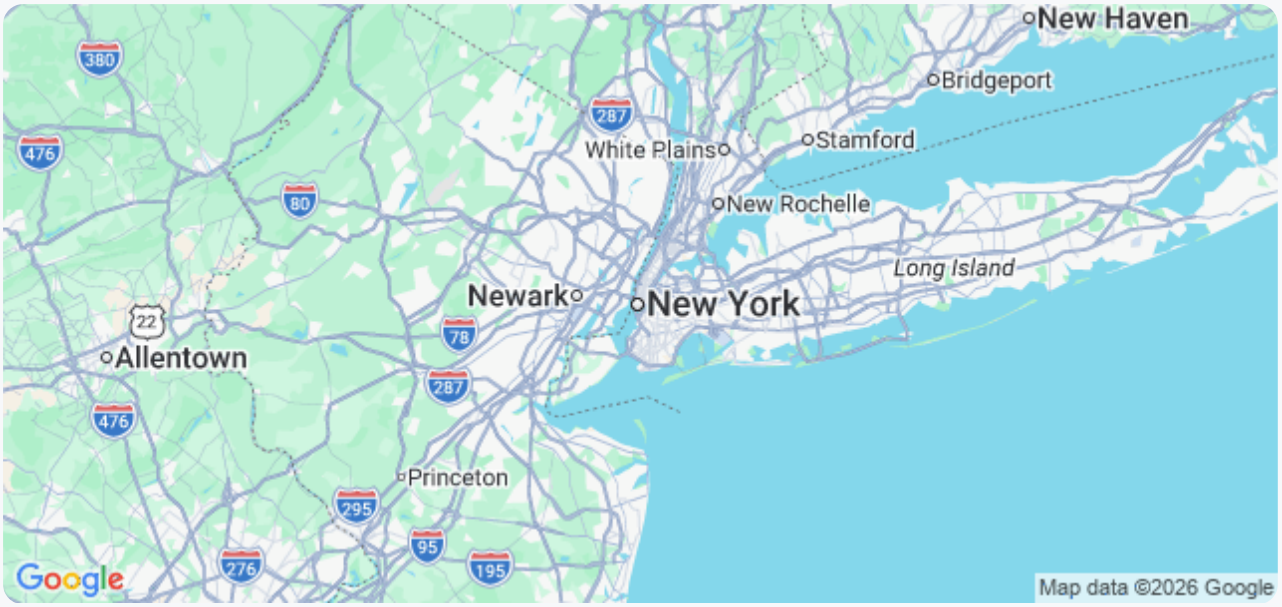
Enter date...

Time of Near Miss

Enter time...

Specific Area/Workstation

Set My Current Location



Brief Summary of Event

Write something...

Estimated Speed (if applicable)

Enter a number...

Severity Level (Potential Harm)

- [ ] Minor (First Aid)
- [ ] Moderate (Medical Treatment)
- [ ] Serious (Hospitalization)
- [ ] Critical (Life-Threatening)

Reported By (Role)

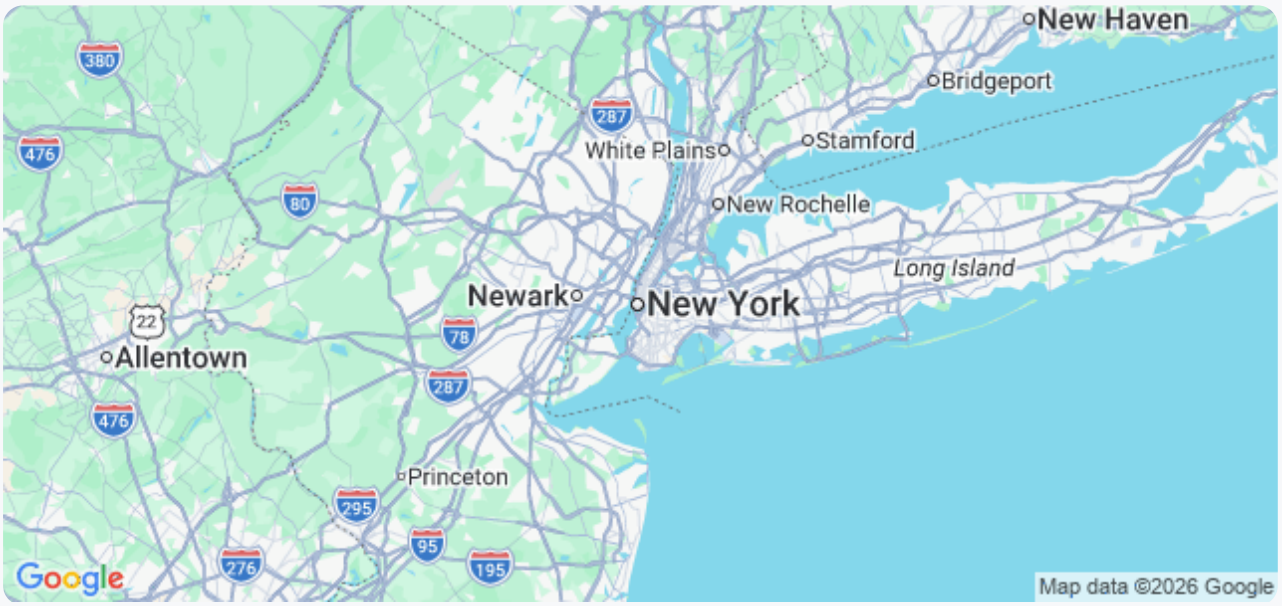
- [ ] Operator
- [ ] Supervisor
- [ ] Maintenance
- [ ] Engineer
- [ ] Other

Location & Equipment Involved

Details about where the event occurred and what equipment was involved.

Specific Location of Near Miss

Set My Current Location



Work Area/Department

Write something...

Type of Equipment Involved

- [ ] Machine (Specify in Description)
- [ ] Tool
- [ ] Vehicle (Forklift, Crane)
- [ ] Material Handling Equipment
- [ ] None
- [ ] Other (Specify)

Equipment ID/Number (if applicable)

Write something...

Detailed Description of Equipment Involved (Condition, Last Inspection)

Write something...

Equipment Serial Number (if applicable)

Enter a number...

People Involved

Information regarding individuals who witnessed or were potentially affected by the near miss.

Number of Employees Potentially Affected

Enter a number...

Name of Reporter

Write something...

Job Title of Reporter

Write something...

Witness Statements (if any)

Write something...

Departments Involved

- [ ] Production
- [ ] Maintenance
- [ ] Quality Control
- [ ] Engineering
- [ ] Safety
- [ ] Other

Name(s) of Individuals Directly Involved (if known)

Write something...

Job Titles of Individuals Directly Involved (if known)

Write something...

Description of Event

A detailed narrative of what happened leading up to the near miss.

Describe the sequence of events leading up to the near miss. Be as detailed as possible.

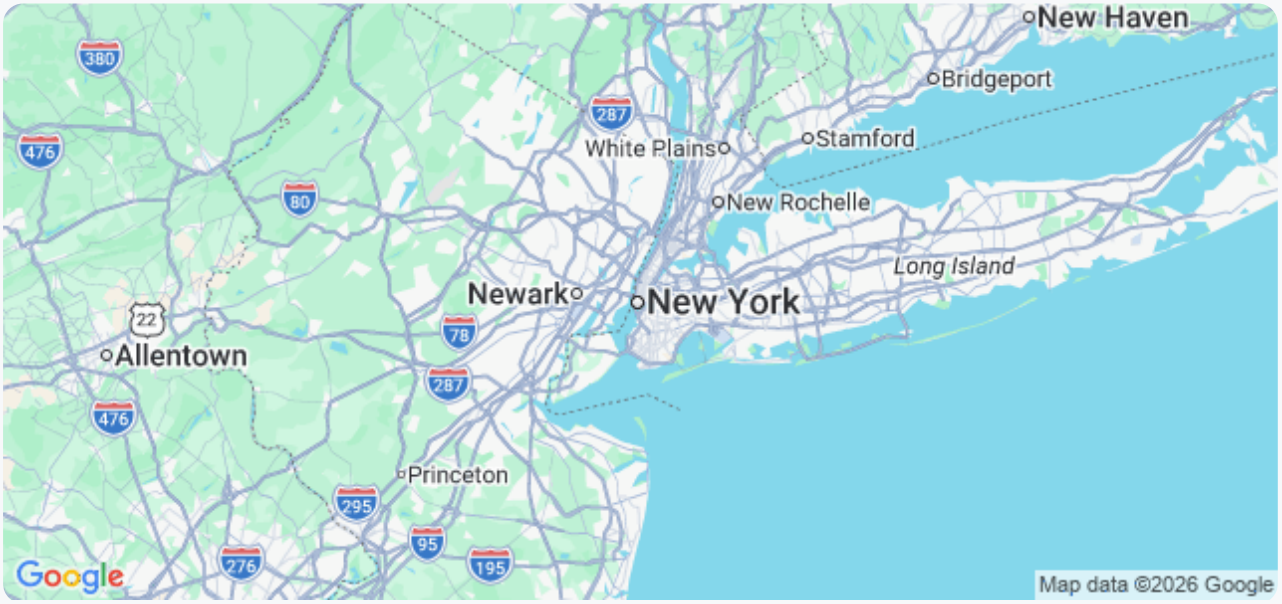
Write something...

What actions were being performed by involved personnel at the time?

Write something...

Specify the exact location where the near miss occurred (e.g., machine number, work station).

Set My Current Location



What time did the near miss occur?

Enter time...

If equipment was involved, estimate the speed or operating parameter that contributed (e.g., RPM, pressure, temperature).

Enter a number...

Describe any unusual sounds, smells, or visual observations preceding the near miss.

Write something...

Was there a deviation from standard operating procedures?

- [ ] Yes
- [ ] No
- [ ] Unknown

Contributing Factors

Identification of the underlying causes and conditions that contributed to the near miss.

Was a procedure/work instruction not followed?

- [ ] Yes
- [ ] No
- [ ] Unknown

Was training adequate for the task?

- [ ] Yes
- [ ] No
- [ ] Not Applicable
- [ ] Unsure

Describe any communication breakdowns that may have contributed to the near miss.

Write something...

Estimated Speed (if applicable, e.g., forklift speed in mph/kph)

Enter a number...

Were environmental factors a contributing factor (e.g., lighting, noise, visibility)?

- [ ] Lighting
- [ ] Noise
- [ ] Visibility
- [ ] Housekeeping
- [ ] Other
- [ ] None

Describe any equipment malfunctions or maintenance issues that may have played a role.

Write something...

Was there a time pressure or deadline that may have influenced behavior?

- [ ] Yes
- [ ] No
- [ ] Unsure

Any other factors you believe contributed to the near miss?

Write something...

Potential Consequences

Assessment of what could have happened if the near miss hadn't been averted.

Describe the potential injury or damage that could have occurred.

Write something...

Estimated cost of potential damage (if applicable, in USD)

Enter a number...

Which of the following potential consequences were considered?

- [ ] Minor Injury (e.g., cuts, bruises)
- [ ] Serious Injury (e.g., broken bones, concussion)
- [ ] Fatality
- [ ] Equipment Damage
- [ ] Production Delay
- [ ] Environmental Release
- [ ] Damage to Property
- [ ] Other (Please specify in LONG_TEXT)

If 'Other' was selected above, please describe the potential consequence.

Write something...

Severity Rating (Based on potential impact)

- [ ] Low
- [ ] Medium
- [ ] High

Corrective Actions Proposed

Suggestions for actions to prevent similar events in the future.

Detailed Description of Proposed Corrective Action

Write something...

Estimated Cost of Corrective Action (USD)

Enter a number...

Action Priority Level

- [ ] High
- [ ] Medium
- [ ] Low

Target Completion Date

Enter date...

Responsible Department(s)

- [ ] Maintenance
- [ ] Engineering
- [ ] Production
- [ ] Safety
- [ ] Quality

Corrective Action Type

- [ ] Training
- [ ] Procedure Change
- [ ] Equipment Modification
- [ ] Engineering Control
- [ ] Administrative Control

Rationale for Chosen Action

Write something...

Reporting & Verification

Details regarding who reported the incident and verification steps.

Reporter Name

Write something...

Date of Report

Enter date...

Time of Report

Enter time...

Department of Reporter

- [ ] Production
- [ ] Maintenance
- [ ] Quality Control
- [ ] Engineering
- [ ] Safety
- [ ] Other

Report Status

- [ ] New
- [ ] Under Review
- [ ] Resolved
- [ ] Closed

Reviewer Name (if applicable)

Write something...

Date of Review (if applicable)

Enter date...

Reviewer Comments (if applicable)

Write something...

Verification Method

- [ ] Direct Observation
- [ ] Review of Documentation
- [ ] Interview
- [ ] Other